

## RIVERHILL HOMEOWNERS ASSOCIATION CONCERN/COMPLAINT FORM

DATE SUBMITTED: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR PHONE NUMBER: \_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_

YOUR CONCERN/COMPLAINT:

(INCLUDE NECESSARY DATES, NAMES, ADDRESSES OR CONTACT NUMBERS WITH SPECIFIC CONCERN. YOUR INFORMATION IS KEPT PRIVATE AND IS FOR OUR INFORMATION ONLY.)

RHOA DATE RECEIVED: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

RESPONSE REQUIRED:                      y \_\_\_\_\_ N \_\_\_\_\_